



Operation Fresh Start STRIVE Program Interest Form

Thank you for your interest in the STRIVE Program. Please complete the following form and a STRIVE Coordinator will contact you soon. Please print neatly.

First Name Middle Initial Last Name Date

Street Address Apt # City State Zip Code

Home Phone # Cell Phone # Email Address

Gender: Male / Female Age _____ Birthdate _____

Education Level: High School Diploma GED HSED Neither

High School attended: _____

Are you currently enrolled in college? Y / N

Are you a citizen of the United States or have an Authorization to Work? Y / N

Do you currently have a job? Y / N

If yes, where do you work? _____ How much do you make? _____

Number of people who are over 18 years old and working in your household: _____

How did you hear about Strive _____

Total Combined Household Income of people who are over 18 years old and working in your household:

- | | |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$24,001 - \$30,000 |
| <input type="checkbox"/> \$15,001 - \$24,000 | <input type="checkbox"/> Over \$30,000 |

Check any that apply:

- Household/Self receiving public assistance (W2, Badger Care, Emergency Assistance)
- Household/Self receiving food stamps (FoodShare) within last 6 months
- Foster child
- Disabled/School IEP
- Homeless/Runaway
- Criminal background
- Pregnant or parenting
- None of the above apply to me